Report 1979

for the year ending March 31

National Society to Prevent Blindness



One American becomes blind every eleven minutes. In many cases it need not happen.

Half of all blindness can be prevented!

Some of the ways the Society strives to help people avoid loss of sight are covered in this report.

The need is pressing:

- One in 20 preschool age children and 1 in 4 school age children has a vision problem.
- Two million American adults have glaucoma, a leading cause of blindness, but half do not know it.
- Nearly one million Americans suffer a vision impairment due to eye injury.
- Some four million new cases of eye diseases occur each year.
- The cost of services to the blind amounts to more than \$712 million annually.

To combat threats to sight the Society is heightening public awareness and spurring public action. Strong allies from all segments of society are joining us in active partnership to eliminate the causes of blindness which can be controlled. The formula for success: public support—in contributions, in volunteer service and in adoption of good eye health and safety habits.

Report of the President

As we look toward the 1980's, the National Society to Prevent Blindness moves forward as a vital organization, inspired by its mission.

During my administration, our commitment to expanding our outreach to more Americans has seen us give increasing attention to organization and management. We are stressing the same basic principles of economy, efficiency, and effectiveness that serve the business world so well.

In the voluntary sector contributors have become more and more concerned with the way their dollars are spent; we try to maximize results.

Volunteers are also seeking a deeper involvement in the charities they choose to serve. They want their voices to be heard, and their efforts to be felt. The Society not only welcomes this involvement but encourages and challenges its volunteers. We have articulated job descriptions for our unpaid leadership, to bring their talents more fully into play.

Every aspect of the Society's activities, its programs and goals, is currently under thorough examination and reassessment by task forces, appointed by me, of leading authorities convened from the relevant fields, such as children's vision, in-



Thomas R Moore

dustrial eye safety, and diseases of the aging eye.

We have been conducting management training programs for our state affiliate staff, and leadership training for our affiliate board members; for it is the affiliate that puts Society programs into effect at the local level.

And while the affiliate is the voice of prevention of blindness within its own state, we are, affiliates and national together, the National Society to Prevent Blindness.

To establish closer lines of communication with our state societies, we have increased affiliate representation on the national level. The Executive Committee of the National Society—our principal policy-making body—has been expanded to include regional members representing affiliates in all areas: Northeast, Southeast, Midwest, Southwest and Far West, so that affiliates in all regions will have more immediate access and input into our overall endeavors.

We are moving to strengthen our image—our identity—as a single national body. Corporations well know that identity—the recognition and good will attached to it—is a real, if intangible, business asset. We are proceeding on the same principles.

To make our identity more quickly recognized, we have completed the redesign of our logo and our "look." We have given state affiliates guidelines to show them how to achieve it—this look—another link between us.

We have streamlined our name (previously we were the National Society for the Prevention of Blindness), and our affiliates have been taking similar action. Four affiliates have gone one step further and adopted the Society's surname as their own. The first was Florida—once the Florida Society for the Prevention of Blindness—now National Society to Prevent Blindness, Florida Affiliate. We hope all affiliates will follow suit.

Our organizational base of action has widened on the local level, and I am glad to report that two more affiliates were formally welcomed into the Society during the year: Arkansas and Tennessee.

The Society is widespread geographically; our commitment holds us together. We are devoted to one sole mission: reaching out into every home, to help preserve precious vision for every sighted American.

I close by mentioning several honors paid to Society members during the year. They are laurels; but they are also apt illustrations of the Society's accomplishments, through the efforts of talented individuals, in the fields of eye care and sight preservation.

Former chairman of the Society's Committee on Glaucoma, Peter C. Kronfeld, M.D., received the Leslie Dana Gold Medal Award of the St. Louis Society for the Blind. Dr. Kronfeld served as an advisor to the Society for some 40 years; and although now retired, he continues to work for prevention of blindness, currently among American Indians.

The Gold Medal of the National Society and the Pan American Association of Ophthalmology was presented to Robert N. Shaffer, M.D., who is very active in Society work. Dr. Shaffer, clinical professor in the Department of Ophthalmology, University of California, San Francisco, is an expert on glaucoma.

Frederick C. Blodi, M.D., professor and head of the Department of Ophthalmology, University Hospitals, Iowa City, Iowa, has been elected president of the American Academy of Ophthalmology. Dr. Blodi has long been active in Society affairs nationally and for the Iowa Society.

Executive Director of the National Society to Prevent Blindness, Virginia S. Boyce, received the 1978 Public Service Award of the American Academy of Ophthalmology. Mrs. Boyce was also invited to present the Society's eye safety programs as a prototype for an international gathering of prevention of blindness leaders at Oxford, England, last summer.

To all of our volunteers, board members, advisors, supporters, and contributors who helped to make this an especially productive year in the Society's history, I give my sincere gratitude.

Thomas R. Moore President

Report of the Executive Director

Efforts in blindness prevention are quickening, expanded by mounting interest and cooperation in the Society's programs.

Donors and co-sponsors have contributed enormously to our program growth — business, foundations, professional associations and service organizations. We are doing more, to help more people, to meet new challenges.

As one concrete example, we have developed a range of age-oriented curriculum aids for schools.

We are reaching into the nation's high schools where technologically advanced studies in labs and shops present inherent risks to eyesight. With the help of many allies, it has been possible for us to respond more effectively to the eye safety problem with a program targeted specifically against school eye hazards.

The Society's "An Option to See" film and curriculum materials, produced with funding from the Charles A. Dana Foundation, gave the initial impetus to this program. It has been carried forward during the year through Society affiliates and an unusual diversity of co-sponsors.

In Texas, Tenneco and Exxon have underwritten the cost of "Option to See" materials for schools, statewide, while members of the American Society of Safety Engineers provide professional backing, by visiting schools as guest experts and speakers.

And in Indianapolis, a telephone company employee group took on the responsibility for making "Option" materials available to all schools in its county.

In Connecticut, a public agency, the State Department of Education, was stimulated to purchase and take on dissemination of "Option to See," blanketing all its schools. New Jersey has followed the same approach.

An entirely new set of Society educational materials for students at fifth and sixth grade levels—"The Magic of Sight"—will soon be introduced, thanks in good measure to funding by the American Legion Child Welfare Fund.

With our program "The Eyes Have It" for the schools, our materials will span all grade levels. "The Eyes Have It" was designed to help instill in the young a consciousness of eye health and safety during the impressionable early years. It was made possible by grants from the American Legion Child Welfare Fund and the New York State American Legion Auxiliary, and is going strong.

In addition to our new, and traditional, programs for young people, another major emphasis of this past year has



Virginia S Boyce

been on glaucoma, a leading cause of blindness in this country. When vision is lost to this insidious disease, it is particularly tragic because, given medical treatment in time, glaucoma can usually be controlled and blindness averted.

The Health Information Services of Merck, Sharp & Dohme has financed for the Society a beautiful new made-fortelevision film, "Seeing," featuring Helen Hayes. A battery of companion educational materials for groups using the film has also been developed to reinforce the message. All of these contribute substantially to the Society's effectiveness in informing the public, increasing public awareness, and hopefully, enlisting public participation in glaucoma control.

We are also continuing to promote the Glaucoma Alert guide for community-level education and detection programs, made possible by Lederle Laboratories, and to call on the committee of national professional and service organizations organized by the Society to help extend the Alert's impact through their constituencies.

More about these and other programs are described further in these pages, reflecting a climate of heightened interest in health and in prevention—interest which has turned into active involvement, so fruitful for prevention of blindness.

We have the knowledge and experience to design programs that advance us toward our goal. We are grateful to all those who support them and who transmit them to our various publics, each in his own way; to all who have made sight conservation a reality for more Americans.

And so I would like to offer my congratulations and thanks for the impressive efforts made this past year, to every person who has had a part in them — contributor, sponsor, volunteer and staff member. On behalf of the Society, I wish to express appreciation to our president, Thomas R. Moore, Esq., for his devotion and the professional guidance he has so generously provided.

Virginia S. Boyce Executive Director

A scene from Seeing, 'the Society's new film starring Helen Hayes. Below, The Lazy Eye," another NSPB film, speaks for the need for early eye care.



Public Education

The Society conducts a vigorous effort directed at informing, persuading and motivating the public. Boldly conceived educational programs, continually pressed, are key elements in bringing sight conservation measures to the attention of Americans.

Special targets are those causes of vision loss that could be prevented:

- Glaucoma is a leading, but treatable, cause of blindness, and needn't result in lost sight. The Society's Glaucoma Alert Program (GAP) is aimed at finding the million people who have the disease but don't yet know it.
- Some 3 million Americans suffer from cataracts, but blindness needn't be the price of the disease. The Society's programs emphasize that treatment restores sight lost to cataract in 95 out of 100 cases.
- Amblyopia ("lazy eye") could limit a child's view forever. Preschool ages are the prime years for correcting the problem. Society programs are aimed at finding the vulnerable young in time.
- Eye accidents can steal sight in an instant... on the job, at work, around the home, during sports. The Society points out the greatest hazards and promotes protection against them.

Help in Many Places

To achieve its goals, the Society and its state affiliates use many channels of communication. Exhibits, posters, and billboards delivered Society messages all during the year. NSPB booklets on popular subjects were distributed in the millions, covering concerns such as the aging eye, glaucoma, cataract, signs of eye problems in the young, first aid for eye emergencies, and TV and the eyes.

Invaluable cooperation from the print and broadcast media helped bring our messages to additional millions. More than 2,000 radio stations carried announcements taped for us by celebrities from the entertainment and sports worlds, such as Bob Barker, Jack Albertson, and Mike Connors, Mitzi Gaynor, Barry Nelson and basketball's Willis Reed. Our public service TV spots were carried on 250 local stations, in some cases for long duration—even two or three times a week for the whole year. The three major networks gave additional time, with the CBS-TV network alone reporting contributed free airtime valued at over \$1.5 million.

Newspapers and national consumer magazines featured many Society-inspired stories on eye health and safety. Harper's Bazaar devoted an entire special section of one issue to the eye, arming its readers with facts about eye health, as well as information about the Society's Glaucoma Alert and its Home Eye Test for Preschoolers. Large circulation magazines, including Good Housekeeping, the Atlantic Monthly, and U.S. News and World Report, also ran our ads, the public responding each time with an influx of questions and requests for more information.

Science editors and newscasters, talk shows, and feature writers called on Society authorities and resources to put forward the various aspects of blindness prevention. Associated Press relayed an interview on glaucoma with Society spokespeople to 700 subscribing radio stations nationwide.

In an outstanding local project, CBS-TV Chicago used intermittent spot announcements and a special newscast to call attention to the Society's Home Eye Test for Preschoolers, also running full-page ads in Chicago daily newspapers to back up on-the-air coverage. This project, developed by science editor Roger Field, resulted in almost 10,000 requests for the free kit, at the same time bringing to the attention of parents the fact that their children might have eye problems not manifested by obvious symptoms but still requiring treatment before school days begin.

United Press International health editor Patricia McCormack developed a comprehensive feature on eye safety and the Society's internationally recognized

eye safety incentive plan, the Wise Owl Club of America, which appeared in major city daily newspapers with a combined total of over 4.7 million circulation.

Media coverage of a variety of subjects of topical concern has been excellent. During past months, this has included subjects such as:

- The dangers of direct viewing of February's solar eclipse.
- How to jump a dead battery safely.
- Eye hazards in spring cleaning and gardening.
- Buying safe toys.
- Eye protection in sports.
- Eye hazards from fireworks.

More directly, speakers and film showings made up popular and persuasive programs reaching senior citizens, service organizations, schools, women's clubs and industrial workers in their home communities. Circulation of NSPB's 23 authoritative film titles showed a dramatic increase, with bookings of the 363 prints maintained by the national office's loan library alone up 48% over the previous twelve-month period. Hundreds of additional purchased prints expanded the audience reached by the Society.

The newest of our films, released this year, is "Seeing," with Helen Hayes. Made for television as well as community showings, this documentary-drama on glaucoma has already been extremely well-received, with 32 telecasts so far reaching audiences in 16 states.

Our 70th Anniversary

... was celebrated in 1978, not only as an occasion to lay our record of service and achievement before the public but as another opportunity to point out what is needed today. Extensive press materials were issued. The news media responded generously in telling the story, running editorials and using features submitted to them. Every message about the past was related to now: a threat to vision which was conquered; or one which continues — why, and what the Society is doing about it.

Some of the celebrities who helped NSPB reach vast audiences:



Mıtzı Gaynor



Bob Griese



Della Reese



Jack Albertson

The most popular game in the nation

the pointing E" game – an invaluable tool for screening preschoolers.



Community Services

All of the Society's work is aimed at translating medical and technological advances into services of direct benefit to the general public—services that are obtainable.

One striking example is the Society's Glaucoma Alert Program (GAP). Tonometry is a quick and easy test to find indications of glaucoma—a first step to early control. Backed by intensive promotion and publicity efforts at the national and state levels, the Alert is a campaign designed essentially to stimulate glaucoma education and detection activities, community by community, across the country.

Spurred by GAP, the past year saw a 25% increase in numbers screened for the disease—an increase to 143,202 individuals. Of these, 7,321 showed glaucoma symptoms and were referred for professional attention. In some states, the increase in numbers screened was even more remarkable: 91% in Oklahoma, 82% in Mississippi, 79% in Utah, and 87% in New York City.

In Virginia, Iowa and Rhode Island, Society affiliates undertook special glaucoma education/screening programs statewide, setting up projects at shopping malls, health fairs, department stores, senior citizen centers and even their state capitols.

The Georgia Society enlisted its State Department of Human Resources, industrial nurses and medical group-practice clinics to test patients for glaucoma.

The Ohio Society tripled "population screened" over the previous year, aided by the use of three "air-puff" tonometers made possible by special contributions from corporations and other organizations. GAP screenings at 60 locations in 20 counties in Ohio tallied 12,376 persons tested.

The Southern California Society received funding for a Glaucorna Alert van

and screening team, which bring glaucoma testing "on location" to business and industry in the area.

A major NSPB objective, routine testing for glaucoma on all adult patients in hospitals and health care centers, gained new footholds. Mercy Medical Center in Oshkosh, Wisconsin, has introduced tonometry as an integral part of patients' admission workups as a direct result of GAP, and many of Wisconsin's local health clinics have established glaucoma screening as a permanent service to their clients.

Before They're School-Bound

Children's eye problems are the target of another major program. The thrust is twofold: community vision screening and distribution of the Home Eye Test for Preschoolers.

In local projects, trained volunteers screened more than 240,000 children aged 3 to 6 last year, visiting day care centers, nursery schools, military bases, facilities for retarded children, kindergartens, and offering community-wide open screenings. Over 25,000 dedicated volunteers conduct these projects throughout the United States.

Samples from this past year:

- The Northern California Society's volunteers screened all preschoolers at the Army's Fort Ord installation.
- The Colorado Society recruited a volunteer vision screening coordinator, streamlined its operation, and doubled the number of preschoolers screened in 1978 over the previous year, for a total of 20,757 children tested.
- The lowa Society added the members of the Rebekah Lodges, a fraternal auxiliary group, to its devoted corps of trained vision screeners, reaching into new areas of the state—for a total of 16.546 children tested.
- NSPB assisted health coordinators for New York City's Children's Aid Society and Head Start, to strengthen and extend vision screening done through these agencies.

Home Delivery

The Society's Home Eye Test for Preschoolers is a means to reach children who have no access to our screenings. Designed to reach directly into the home, the Test gives simple instructions, allowing parents to be the screeners.

With continuing promotion, enthusiastic cooperation of the media, and the help of numerous organizations, volunteers and health professionals, nearly 7 million Tests have been distributed overall, almost a million each year. Family Circle and Glamour, which together have a readership of some 10 million, were among publications to carry articles on the Test. Public service TV, radio and magazine ads helped spread the word about the availability of the Test.

Projects undertaken by organizations are another important way that the Home Eye Test was delivered to families—through groups that undertook saturation campaigns, in some cases literally ringing doorbells. Telephone Pioneers in New Jersey, Soroptomists in Texas, and several chain stores have underwritten special printings of the Test, as well as distributing them.

Reaching Out

Every household with a TV set is the potential beneficiary of a vision test which early this year had a preliminary trial in Columbus, Ohio. Initiated under a Society research grant at Stanford University Medical Center, the method projects the tests on the TV screen, and checks for visual acuity and visual field.

Cable station QUBE in Columbus used its unusual two-way communication system with its audience, so that viewers could report their test results immediately after taking the test. Viewers were instructed how to take the test, how to score themselves, and where to report abnormal scores.

Under special arrangement by the Ohio Society with the eye clinic at Ohio State University Hospitals, viewers unable to pass any part of the test were offered a free eye exam at the clinic. This provided for an important accuracy check on the



Now in its early stages, the TV vision test holds great promise.

The Society's "Option to See" program is teaching eye safety to students across the nation.



technique, and for prompt follow-up for viewers with possible vision defects. In the coming year, the test will be brought by TV to several more communities. Potentially, it will offer vision screening to massive audiences, allowing many to have their first eye test.

Eye Safety: On the Road

Because thousands of motorists are injured each year by improper procedures in recharging dead batteries, the Society has issued a sticker carrying "how-to" instructions for battery jumping, to avoid explosions that can propel battery acids and fragments into the eye. Hundreds of companies have ordered bulk supplies of this sticker for their fleets of cars as well as for personal use by their employees. The Car Care Council, representing the automotive industry, has been an influential advocate of the sticker. releasing announcement of it to auto trade publications. The press, most notably United Press International, widely publicized it, creating heavy public demand.

Eye Safety: On the Job

The Society's Wise Owl Club of America, internationally recognized as the incentive program to encourage eye protection at work and in schools, became well over 65,000 members strong last year. The Wise Owl Club admits to membership employees and students whose sight was saved during a potentially blinding accident — saved by protective eyewear.

This past year, 2,051 individuals qualified for membership by retaining their vision in the face of caustic chemical splash, fly-away drill bits, welding mishaps, molten metal splash, and other eye-threatening accidents. Protective eyewear saves dollars as well as irreplaceable sight. This year's enrollees in the Wise Owl Club represent a savings of some \$10,356,000 to industry in compensation costs alone.

Eye Safety: In the Classroom

The need for stringent eye safety practices in school industrial arts and laboratory classes is a particular concern to the

Society. The "An Option to See" program was launched as the way to bring to the classroom NSPB's eye safety advice.

Funding for purchase of the multimedia educational packages has come from businesses, organizations, foundations or school systems themselves. Schools have been adopted by such sponsors on an individual, communitywide or regional basis. The eye safety package centers on the award-winning film, "An Option to See." An instructor's guide, and worksheets and quizzes for the students are included.

Advancing "An Option to See" during the year, the California Institutional Insurance Administrators, working with the Southern California Society, promoted the program in several school districts it serves.

The Connecticut Department of Education, spurred by the Connecticut Society, provided all its industrial arts and vocational education teachers with the "Option" program, to reach some 160,000 students. All schools in Texas enrolling in the Society's Wise Owl Club



were offered "Option" materials free, funded by Tenneco and Exxon corporations, in cooperation with the Texas Society.

The Ohio Society has developed an innovative six-week teaching program centered on these materials. Ohio's Industrial Commission calls the program "beautifully designed, comprehensive and well-organized!"

Doing It Right

Specifics on the right kind of eye protection for particular school activities (e.g., woodworking, welding, chemistry experiments), how safety eyewear ought to be sterilized, maintained and stored ... requests for this information have been mounting since the introduction of the "Option to See" program, and NSPB affiliates are meeting the need. Reference manuals on eye safety equipment and procedures are now available to school systems in Colorado, Washington, and Wisconsin. Similar manuals are being developed with Society aid in Connecticut, New Jersey, Texas, and Utah.

Promoting "Option to See" for school systems nationwide, NSPB presented the program at the annual meetings of the American School Health Association and the American Industrial Arts Association.

In Person, By Mail, Over the Phone

Apart from on-going programs, the Society is looked to as the authority for a myriad of answers: A student wants to know how vision works ... A physician requests a recent bibliography on macular degeneration . . . A school health nurse needs information on crossed eyes ... A researcher asks for statistics on causes of blindness . . . An elderly patient wants to know what to expect after cataract surgery. The Society answers a wide range of inquiries regarding the eye, vision, eye care and eye safety. Its Information and Referral Service responds to thousands of mail and telephone requests annually. Individuals, schools, health professionals, governmental and social welfare agencies, businesses and other organizations have a direct line to information or help.

Professional Education



American Academy

The American Academy of Ophthalmology's Award for Public Service went to NSPB's Virginia Boyce. Dr. Frederick C. Blodi made the presentation at the Academy's 1978 annual meeting in Kansas City, Mo.

Physicians, health professionals, and educators are vital in implementing prevention of blindness programs. The Society gives special emphasis to transmitting up-to-date information to them through workshops and seminars, resource and reference materials, and participation in professional meetings.

One of the year's highlights is the Society's annual glaucoma symposium held in conjunction with the annual meeting of the American Academy of Ophthalmology. Growing in stature, these symposia for eye specialists have become the forum for exchange of expert opinion in the diagnosis and treatment of glaucoma.

Co-sponsored by the Academy and the Association for Research in Vision and Ophthalmology, the 1978 meeting was held in October in Kansas City, Missouri. Moderated by Steven M. Podos, M.D., chairman of ophthalmology at New York City's Mount Sinai Medical Center, a 12-member panel discussed and debated each other's presentations on the etiology, diagnosis and treatment of glaucoma before some 4,000 ophthalmologists.

NSPB was joint sponsor of another Academy session, on hereditary cataracts in children. Chaired by Irene H. Maumenee, M.D., assistant professor of medicine and ophthalmology at Wilmer Eye Institute, Johns Hopkins University School of Medicine, this session was attended by some 2,500 physicians.

Both of these symposia were approved for continuing medical education credits.

The Glaucoma Alert Program was presented at the annual meetings of the American Academy of Ophthalmology, the American Public Health Association, the National Council on Aging, at national conventions of the Opticians Association of America and the Delta Gamma

fraternity, and on the state level to annual meetings of the Florida and Texas medical associations. Through the American Academy of Family Physicians, over 300 physicians in family practice were stimulated to request the Society's Glaucoma Alert Program Guide and other glaucoma education publications and films.

To prepare a larger cadre of professionals to deliver prevention of blindness services, many other educational opportunities were provided during the past year:

- The Virginia Society, in cooperation with the State Department of Health and the Virginia Academy of Family Practice, conducted workshops on glaucoma education and detection for voluntary groups in the state — groups which want to undertake Glaucoma Alert programs.
- The Georgia Society held training courses in tonometry—the check for glaucoma—for industrial nurses, medical technicians, and personnel of group-practice clinics and the state's Department of Human Resources. The Society was also named the official vision coordinator for the state's 10 health districts, developing a program that will assure vision screening for all Georgia preschoolers.
- The Northern California and Utah Societies established a program to train



pediatric nurses in vision screening of children.

- The Massachusetts Society, in cooperation with the state's Society of Eye Physicians and Surgeons, sponsored a day's seminar on "Vision Problems of Children," attended by some 250 physicians, other health professionals and educators.
- NSPB conducted training in vision screening of children for personnel of New York City's Children's Health Service, the staffs of six centers of the Children's Aid Society, and 120 public health nurses.
- Under a grant from its State Department of Public Instruction, the Washington Society developed and produced a teaching program on eye safety practice for schools (three training films and a manual), which will be required for all education majors at state colleges and universities.
- An NSPB advisory committee, chaired by Arnall Patz, M.D., of Johns Hopkins' Wilmer Eye Institute, began work on developing an educational program for public and professional education in diabetic retinopathy.

Noted internationally as an authority in the eye safety field, the Society also contributed to the revision of standards for occupational and educational eye and face protection, published by the American National Standards Institute. It was the first updating since 1968 of this, the bible on technical standards for schools and industry across the nation.

The Society's extensive library of films and publications were in demand by various professionals. Audiences included physicians, nurses, interns, residents, agricultural specialists, safety engineers, state and local departments of public instruction and teachers, social workers, union and industrial health staffs, and allied health personnel.

A quarterly journal, *The Sightsaving Review*, gave health professionals current information on topics such as marijuana as a therapeutic agent for glaucoma; psychiatric syndromes causing ocular symptoms; diabetic retinopathy and macular degeneration; and genetics.

Research Grants

Scientific research supported by NSPB is primarily directed to innovative projects, and support is given to attract promising young investigators into eye research careers.

The Society funds laboratory and clinical research projects related to prevention of blindness.

Basic and clinical research projects funded by NSPB during the year include:

"Ocular Superoxide Dismutase: Aging and Degeneration Produced by Free Oxygen Radical Production in the Eye," investigator, Richard E. Bensinger, M.D., Department of Ophthalmology, University of Washington School of Medicine, Seattle. Breakdown products of oxygen and ingested chemicals, which are toxic to living tissue, would be readily produced in the eyes because of the catalytic action of light entering the eye, except for the eye's enzymes which inactivate these products. Dr. Bensinger is studying the failure or alteration in the action of enzymes which accompanies eye disease, with the aim of modifying enzyme protections to preserve sight.

"Autonomic Control of Lacrimal Gland Secretions," investigator, B. Britt Bromberg, Ph.D., Department of Ophthalmology, Louisiana State Medical Center, New Orleans. Dr. Bromberg is investigating the mechanisms by which the brain controls the formation of tears, with the aim of developing new treatments for people who suffer from dry eyes or who have eye infections.

"Classification of Uveal Melanomas," investigator, John W. Gamel, M.D., Department of Ophthalmology, University of Louisville. Dr. Gamel is developing a method for determining the malignancy potential of melanomas of the eye's uvea.

"Electrophysiological Studies on the Frog Cornea Using Fluorescent Dye," investigator, Carl N. Graves, Ph.D., Department of Physiology and Biophysics, University of Alabama in Birmingham. Dr. Graves is studying the layered and mounted corneas of frogs, with several environmental changes introduced which can be traced with a fluorescent dye, with the aim of adding to the knowledge of how corneal transparency is maintained.



"Immunologic Aspects of Diabetic Retinopathy," investigator, James C. Liang, M.D., Eye and Ear Infirmary, University of Illinois Hospital, Chicago. Actions of Immune factors in diabetic retinopathy will be studied by Dr. Liang, through investigation in patients of the humeral and cellular Immune status

"A Study of the Effects of Lipid Peroxides on the Retina by Biochemical ERG and Microscopic Methods," investigator, Tadahisa Hiramitsu, M.D., Department of Neurology, University of Colorado Medical School, Denver. The photoreceptor cells in the retina. Integral to vision, are rich in lipids, or fats. These lipids, under certain conditions, are converted to peroxide, freeing compounds extremely toxic to the eye. Dr. Hiramitsu is studying natural protective mechanisms against the freeing of these compounds, and whether administered substances can protect against this process.



"Basic and Reflex Tear Flow in Humans," investigator, Alan J. Jordan, M.D., Department of Ophthalmology, New England Medical Center Hospital, Boston. Tear secretion, vital to a healthy cornea, has been measured with a thin strip of filter paper inserted just over the lower eyelid—the Schirmer test. Dr. Jordan will test the Schirmer test with and without instilling local anesthetic, to check the theory that the standard Schirmer test, without anesthetic, may irritate the eye, stimulating tearing and therefore not accurately measuring normal tear secretion.

"Cataractogenesis: Model Studies Involving Drug and X-Ray Administration Paranatally," investigator, Saowalak Jirakulsomchock, D.V.M., Laboratory of Molecular Biology, University of Alabama in Birmingham. Dr. Jirakulsomchock is producing models of cataract development in laboratory animals through the administration of methylnitrosourea and x-rays, with the objective that these models may further understanding of human cataracts.

"Pilot Investigations of the Use of Patterned After-Images as an Auxiliary to Standard Methods of Perimetry," investigator, John M. Martinez II, Ph.D., Department of Ophthalmology, University of Texas at Dallas. Patients with a wide range of visual disorders, as well as subjects with normal vision, will be examined in Dr. Martinez's tests to determine whether disruptions in the after-image of a checkerboard design viewed by subjects may coincide with regions of reduced sensitivity in the visual field in these subjects. This will help determine whether patterned aftermages will be useful in testing visual fields of certain groups of patients.

"Histochemical and Ultrastructural Studies of Pseudoexfoliation Syndrome," investigator, Kathryn S. Pokorny, Ph.D., Department of Ophthalmology, Mount Sinai School of Medicine, New York City. Fiberlike deposits in several areas of the eye are associated with a type of glaucoma. Dr. Pokorny is studying the connection between this substance, its appearance in the eye's conjunctiva and the closely related innercheek tissue, and the later appearance of a generalized disease of the mucous membranes and skin.

"Diabetic Retinopathy in Mystromys Albicaudatus," investigator, Randie Raderman-Little, Ph.D., Department of Ophthalmology, University of Missouri Medical Center, Columbia. Dr. Raderman-Little is studying characteristics of diabetic retinopathy in a strain of small rodents, being developed as a model for testing various therapeutic agents on diabetic retinopathy.

"Stereopsis: Psychophysical and Visual Evoked Potential Correlates," investigator, Samuel C. Rawlings, Ph.D., Division of Ophthalmology, University of Texas at San Antonio. Dr. Rawlings is developing a basis for procedures to evaluate patients with binocular vision disorders, particularly strabismus and amblyopia.

"Cytochemical Localization of Adenyl Cyclase in the Anterior Chamber," investigator, Robert Ritch, M.D., Department of Ophthalmology, Mount Sinai Medical Center, New York City. Studying the mechanics of the aqueous fluid in the forward portion of the eye, the anterior chamber, Dr. Ritch hopes to contribute toward new treatment methods against glaucoma.

"Ocular Tissue-Damage by Light in Aphakia," investigator, Michael Rudy, M.D., Ophthalmology Research, University of Rochester Medical Center, New York. Absence of the eye's lens, known as aphakia, is being studied in animals by Dr. Rudy in relation to the eye damage caused by light, with the objective that a useful animal model may further prevention of such eye damage in aphakic humans.

"Liposomal Enhancement of Trans-Corneal Pilocarpine Flux," investigator, Helene E. Schaeffer, M.D., Department of Ophthalmology, New York University Medical Center, New York City. Although pilocarpine has been a standard eye-drop medication for glaucoma, it has proven less than satisfactory in penetrating to the inner regions of the eye, where it must act to reduce intraocular pressure. Dr. Schaeffer is developing a carrier, called liposomes, which are oil droplets containing pilocarpine, unique in their ability to be absorbed by the eye's surface, fuse there, and release the pilocarpine into the eye's interior.

"Lens Membrane in Relation to Human Cataractogenesis, investigator, Larry J. Takemoto, Ph.D., Division of Biology, Kansas State University, Manhattan, Kansas. Dr. Takemoto is studying the biochemical characteristics of membrane cell changes in the eye's lens which occur with some types of cataracts, for a better understanding of the molecular relationship of lens membranes to the development of cataracts. \Diamond

"Effect of Arachiodonic Acid on the Retinal Pigment Epithelium," investigator, Brenda J. Tripathi, Ph.D., Department of Ophthalmology, University of Chicago. Dr. Tripathi seeks to evaluate her hypothesis that elevated levels of arachiodonic acid in the blood severely affect the covering of the retina's pigment cells, and contribute to some of the eye diseases of the retina and those involving pigmentary degeneration.





Combined Balance Sheet

MARCH 31, 1979 with comparative figures for 1978

ASSETS

	1979	1978
Cash (includes savings – 1979, \$252,555; 1978, \$194,748) Short-term investments, at cost (approximates market) Investments in corporate bonds and stocks	\$ 470,583 3,174,504	434,079 1,963,523
(market value – 1979, \$100,415; 1978, \$113,918) Other assets	104,726 139,102	118,291 111,734
Land, building and equipment, net of accumulated depreciation (note 2)	740.913 \$4,629,828	592,776 3,220,403
LIABILITIES AND FUND BALANCES		
Accounts payable and accrued expenses Accrued vacation and severance pay	94,937 110.552	57,768 113,882
Total liabilities	205,489	171,650
Fund balances. Current funds: Unrestricted Designated by the Board of Directors for		
Special purposes Funds functioning as endowment Undesignated, available for general activities	502,183 4,764 1,525,992	220,913 4,764 1,196,168
Total current unrestricted fund balances	2.032.939	1,421,845
Restricted	408.094	362,539
Endowment funds Investment in land, building and equipment	1,242,393 740,913	671,593 592,776
	4,424,339	3,048,753
Sea accompanying notes to parabig ad (association)	\$4,629.828	3,220,403

See accompanying notes to combined financial statements.

The Board of Directors
National Society to Prevent Blindness:

We have examined the combined balance sheet of National Society to Prevent Blindness and state affiliates as of March 31, 1979 and the related combined statements of support, revenue, and expenses and changes in fund balances and of functional expenses for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the aforementioned combined financial statements present fairly the financial position of National Society to Prevent Blindness and state affiliates at March 31, 1979 and the results of their operations and changes in fund balances for the year then ended. In conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

PEAT, MARWICK, MITCHELL & CO.

New York, New York June 15, 1979

Combined Statement of Support, Revenue, and Expenses and Changes in Fund Balances

YEAR ENDED MARCH 31, 1979 with comparative totals for 1978

Public support and revenue: Public support Public support Received directly. Contributions \$2,192,072 428,410 \$- 0.000 1,392,840 871,194		Current	t funds	Land, building Endowment and equip-		Total all funds	
Public support Received directly Received directly Received directly Received directly Received directly Received directly Received interest Research Received interest Research Received interest Research Received interest Research Received interest Rec		Unrestricted	Restricted				
Contributions S2.192.072 428.410	Public support.						
of \$72,850 in 1979 and \$1,377 in 1978) 415,632 Paceived indirectly—combined service campaigns 370,668 — — 415,632 Paceived indirectly—combined service campaigns 370,668 — — — 415,632 Paceived indirectly—combined service campaigns 370,668 332,708 Total public support 3,800,412 428,410 570,800 — 4,799,622 3,826,383 Fees and grants from governmental agencies — 238,675 — — 238,675 170,101 Other revenue 144,840 — — — 144,840 123,537 Investment income 208,570 8,812 — — 217,382 148,739 Program service related revenue 420,039 8,812 — — 428,851 330,052 Total public support and revenue 4,220,451 675,897 570,800 — 5,467,148 4,326,536 Expenses: Program services: Research 108,353 38,761 — — 147	Contributions Legacies		428,410 —	- 570,800	- -		
Total public support 3.800,412 428,410 570,800 — 4,799,622 3,826,383 Fees and grants from governmental agencies — 238,675 — 238,675 170,101 Other revenue: Income from trusts held by others 144,840 — — — — 144,840 123,537 Investment income 208,570 8,812 — — — 66,629 57,776 Total other revenue 420,039 8,812 — — — 66,629 57,776 Total other revenue 420,039 8,812 — — 428,851 330,052 Total public support and revenue 4,220,451 675,897 570,800 — 5,467,148 4,326,536 Expenses: Program services: Research 108,353 38,761 — — 147,114 123,302 Public health education 970,703 79,071 — 15,835 1,065,609 1,013,725 Professional education and training 636,356 67,756 — 4,945 709,057 631,903 Community services 715,668 292,048 — 21,768 1,029,484 907,885 Total program services 2,431,080 477,636 — 42,548 2,951,264 2,676,815 Supporting services: General and administrative 176,445 12,621 — 3,909 192,975 195,117 Fund raising 932,696 11,173 — 3,454 947,323 637,029 Total supporting services 1,109,141 23,794 — 7,363 1,140,298 832,146 Total expenses 3,540,221 501,430 — 49,911 4,091,562 3,508,961 Excess (deficiency) of public support and revenue over expenses 680,230 174,467 570,800 (49,911) Other changes in fund balances—property and equipment acquisitions from current funds (69,136) (128,912) — 198,048 Fund balances at beginning of year (42,1845 362,539 671,593 592,776	of \$72,850 in 1979 and \$1,377 in 1978) Received indirectly —		_	-	-	415,632	266,270
Pees and grants from governmental agencies	combined service campaigns	370,668				370,668	332,708
Other revenue: Income from trusts held by others 144,840 — — — 144,840 123,537 Investment income 208,570 8.812 — — 217,382 148,739 Program service related revenue 66,629 — — 66,629 57,776 Total other revenue 420,039 8.812 — — 428,851 330,052 Total public support and revenue 4,220,451 675,897 570,800 — 5,467,148 4,326,536 Expenses: Program services: — — 428,851 330,052 Research 108,353 38,761 — — 147,114 123,302 Public health education 970,703 79,071 — — 147,114 123,302 Professional education and training 636,356 67,756 — 4,945 709,057 631,903 Community services 715,668 292,048 — 21,768 1,029,484 907,885 Total program serv	Total public support	_3,800,412	428,410	570,800		4,799,622	3,826,383
Income from trusts held by others 144,840	Fees and grants from governmental agencies		238,675			238,675	170,101
Total other revenue 420,039 8,812 — — 428,851 330,052 Expenses: Program services: Research 108,353 38,761 — — 147,114 123,302 Public health education 970,703 79,071 — 15,835 1,065,609 1,013,725 Professional education and training 636,356 67,756 — 4,945 709,057 631,903 Community services 715,668 292,048 — 21,768 1,029,484 907,885 Total program services 2,431,080 477,636 — 42,548 2,951,264 2,676,815 Supporting services: General and administrative 176,445 12,621 — 3,909 192,975 195,117 Fund raising 932,696 11,173 — 3,454 947,323 637,029 Total supporting services 1,109,141 23,794 — 7,363 1,140,298 832,146 Total expenses 3,540,221 501,430 — <td< td=""><td>Income from trusts held by others Investment income</td><td>208,570</td><td>8,812 —</td><td>_ _ _</td><td>- - -</td><td>217,382</td><td>148,739</td></td<>	Income from trusts held by others Investment income	208,570	8,812 —	_ _ _	- - -	217,382	148,739
Total public support and revenue 4,220,451 675,897 570,800 - 5,467,148 4,326,536			8 812				
Program services: Research 108,353 38,761 — — 147,114 123,302 Public health education 970,703 79,071 — 15,835 1,065,609 1,013,725 Professional education and training 636,356 67,756 — 4,945 709,057 631,903 Community services 715,668 292,048 — 21,768 1,029,484 907,885 Total program services 2,431,080 477,636 — 42,548 2,951,264 2,676,815 Supporting services: General and administrative 176,445 12,621 — 3,909 192,975 195,117 Fund raising 932,696 11,173 — 3,454 947,323 637,029 Total supporting services 1,109,141 23,794 — 7,363 1,140,298 832,146 Total expenses 3,540,221 501,430 — 49,911 4,091,562 3,508,961 Other changes in fund balances — property and equipment acquisitions from current funds				570,800			
Public health education 970,703 79,071 — 15,835 1,065,609 1.013,725 Professional education and training 636,356 67,756 — 4,945 709,057 631,903 Community services 715,668 292,048 — 21,768 1,029,484 907,885 Total program services 2,431,080 477,636 — 42,548 2,951,264 2,676,815 Supporting services: 60encral and administrative 176,445 12,621 — 3,909 192,975 195,117 Fund raising 932,696 11,173 — 3,454 947,323 637,029 Total supporting services 1,109,141 23,794 — 7,363 1,140,298 832,146 Total expenses 3,540,221 501,430 — 49,911 4,091,562 3,508,961 Excess (deficiency) of public support and revenue over expenses 680,230 174,467 570,800 (49,911) Other changes in fund balances—	Program services:	108 353	38 761			147 114	123 302
Professional education and training 636,356 67,756 — 4,945 709,057 631,903 Community services 715,668 292,048 — 21,768 1,029,484 907,885 Total program services 2,431,080 477,636 — 42,548 2,951,264 2,676,815 Supporting services: General and administrative 176,445 12,621 — 3,909 192,975 195,117 Fund raising 932,696 11,173 — 3,454 947,323 637,029 Total supporting services 1,109,141 23,794 — 7,363 1,140,298 832,146 Total expenses 3,540,221 501,430 — 49,911 4,091,562 3,508,961 Excess (deficiency) of public support and revenue over expenses 680,230 174,467 570,800 (49,911) Other changes in fund balances—property and equipment acquisitions from current funds (69,136) (128,912) — 198,048 Fund balances at beginning of year 1,421,845 362,539 671,593 592,776				_	15,835		
Supporting services: General and administrative 176,445 12,621 — 3,909 192,975 195,117 Fund raising 932,696 11,173 — 3,454 947,323 637,029 Total supporting services 1,109,141 23,794 — 7,363 1,140,298 832,146 Total expenses 3,540,221 501,430 — 49,911 4,091,562 3,508,961 Excess (deficiency) of public support and revenue over expenses 680,230 174,467 570,800 (49,911) Other changes in fund balances — property and equipment acquisitions from current funds (69,136) (128,912) — 198,048 Fund balances at beginning of year 1,421,845 362,539 671,593 592,776		636,356	67,756				
General and administrative 176,445 12,621 — 3,909 192,975 195,117 Fund raising 932,696 11,173 — 3,454 947,323 637,029 Total supporting services 1,109,141 23,794 — 7,363 1,140,298 832,146 Total expenses 3,540,221 501,430 — 49,911 4,091,562 3,508,961 Excess (deficiency) of public support and revenue over expenses 680,230 174,467 570,800 (49,911) Other changes in fund balances — property and equipment acquisitions from current funds (69,136) (128,912) — 198,048 Fund balances at beginning of year 1,421,845 362,539 671,593 592,776	Total program services	2,431,080	477,636		42,548	2,951,264	2,676,815
Total expenses 3,540,221 501,430 — 49,911 4,091,562 3,508,961 Excess (deficiency) of public support and revenue over expenses 680,230 174,467 570,800 (49,911) Other changes in fund balances — property and equipment acquisitions from current funds (69,136) (128,912) — 198,048 Fund balances at beginning of year 1,421,845 362,539 671,593 592,776	General and administrative	· ·				947,323	637,029
Excess (deficiency) of public support and revenue over expenses 680,230 174,467 570,800 (49,911) Other changes in fund balances — property and equipment acquisitions from current funds (69,136) (128,912) — 198,048 Fund balances at beginning of year 1,421,845 362,539 671,593 592,776	Total supporting services	_1,109,141	23,794		7,363	1,140,298	
and revenue over expenses 680,230 174,467 570,800 (49,911) Other changes in fund balances — property and equipment acquisitions from current funds (69,136) (128,912) — 198,048 Fund balances at beginning of year 1,421,845 362,539 671,593 592,776	Total expenses	3,540,221	501,430		49,911	4,091,562	3,508,961
property and equipment acquisitions from current funds (69,136) (128,912) — 198,048 Fund balances at beginning of year 1,421,845 362,539 671,593 592,776	and revenue over expenses	680,230	174,467	570,800	(49,911)		
	property and equipment acquisitions from current funds			_ 671,593			
			408,094		740,913		

See accompanying notes to combined financial statements.

Combined Statement of Functional Expenses

YEAR ENDED MARCH 31, 1979 with comparative totals for 1978

	Program services				
	Research	Public health education	Professional education and training	Community services	Total
Line 1 Salaries 2 Employee benefits 3 Payroll taxes 4 Total salaries and related expenses 5 Awards and grants 6 Building occupancy 7 Telephone and telegraph 8 Office supplies 9 Office equipment maintenance 10 Printing and publications 11 Postage and shipping 12 Visual aids, films, etc. 13 Travel and meetings 14 Professional fees 15 Purchase of mailing lists 16 Insurance 17 Other	\$ 56,098 3,771 4,546 64,415 64,603 7,026 1,212 3,996 - 1,474 1,602 - 2,777	434,384 27,999 29,974 492,357 9 734 48 655 43 997 18,186 8,260 176,372 89,825 98,078 31,947 23,550 1,318 5,212 2,283	411.231 28.518 31.457 471,206 180 34.513 5.695 13.235 4,986 21,996 7,128 49,684 85,015 1.873 290 552 7,759	654.517 39.440 49.428 743.385 3.624 49.542 23.835 39.195 7.619 11.430 30.812 4.217 48.330 16.567 4.708 20.919 3.533	1.556.230 99 728 115,405 1.771 363 78,141 139.736 74 739 74.612 20.865 211 272 129.367 151.979 168.069 41.990 6.316 26.683 13.584
18 Total expenses before depreciation	147.114	1 049.774	704,112	1.007.716	2,908.716
19 Depreciation of building and equipment		15,835	4,945	21,768	42.548
20 Total expenses	\$147,114	1,065,609	709,057	1 029,484	2 951.264

See accompanying notes to combined financial statements.

Notes to Combined Financial Statements

March 31, 1979

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Society and the state affiliates are not-for-profit organizations exempt from U.S. Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and have been designated as organizations which are not private foundations.

The combined financial statements include the National Society to Prevent Blindness (previously named The National Society For The Prevention of Blindness, Inc.) and 25 state affiliates. All material transactions and balances between the National Society and the state affiliates have been eliminated

The accompanying combined financial statements have been prepared in conformity with the industry audit guide entitled *Audits* of *Voluntary Health and Welfare Organizations* published by the American Institute of Certified Public Accountants. The significant accounting policies followed by the Society, and its affiliates, which are set forth in the audit guide, are described below

Accrual Basis

The combined financial statements have been prepared on the accrual basis of accounting, and accordingly reflect all significant receivables and payables, other liabilities and prepaid expenses

Fund Accounting

In order to ensure observance of limitations and restrictions placed on the use of available resources, the accounts are maintained in accordance with the principles of fund accounting. This is the procedure by which resources for various purposes are classified, for accounting and reporting purposes, into funds that are unrestricted or restricted. Externally restricted funds may only be utilized in accordance with the purposes established by the source of such funds and are in contrast with unrestricted funds, which include designated and undesignated funds and amounts invested in land, building and equipment, over which the Board of Directors retains full control to use in achieving any of the Society's purposes

Endowment funds are subject to the restrictions of gift instruments requiring in perpetuity that the principal be invested and that the income only be utilized

All gains and losses arising from the sale, collection, or other disposition of investments and other noncash assets are accounted for in the fund which owned such assets. Ordinary income derived from investments, receivables, and the like, is accounted for in the fund owning such assets, except for income derived from investments of endowment funds, which income is accounted for in the fund to which it is restricted or, if unrestricted, as revenue in the current unrestricted fund

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arra ararrini		Fund	Tatal	Tot	Total 1070	
_	istrative	raising	Total	1979	1978	
Line	е					
1	78,570	265,653	344,223	1.900.453	1.701,100	
2	10.262	14.069	24,331	124,059	99,825	
3	2.407	13,561	15,968	131,373	124.321	
4	91,239	293,283	384.522	2,155,885	1.925,246	
5	165	544	709	78,850	67,737	
6	33,504	26 754	60,258	199.994	179,971	
7	3,392	3,900	7,292	82,031	77,124	
8	10.391	17,501	27 892	102.504	78,962	
9	6,583	4 788	11.371	32,236	18,941	
10	2,954	266,043	268.997	480.269	400,896	
11	8.988	236.887	245.875	375,242	250,649	
12	69	781	850	152.829	167.034	
13	2.893	14.899	17,792	185,861	195.135	
14	16 777	1.237	18.014	60,004	31 158	
15	1.051	68.234	69.285	75,601	30.202	
16	9.456	372	9.828	36.511	23.959	
17	1,604	8,646	10,250	23.834	23,342	
18	189,066	943,869	1.132.935	4.041.651	3.470.356	
19	3,909	3.454	7,363	49.911	38.605	
20	192,975	947,323	1 140,298	4 091.562	3 508,961	

All other unrestricted revenue is accounted for in the current unrestricted fund. Restricted gifts, grants and endowment income are accounted for in the appropriate restricted funds.

Investments

Investments are recorded at cost or fair value at date of receipt in the case of gifts or legacies, or adjusted value where investments have been subsequently written down for a market decline assessed to be other than temporary

Legacies and Trusts

The Society and its affiliates are the beneficiaries under various wills, the total realizable amount of which is not presently determinable Such amounts are recorded when clear title is established and the proceeds are clearly measurable.

The Society and its affiliates are the income beneficiaries under various trusts, the principals of which are not controlled by the Society, and accordingly are not reflected in the accompanying financial statements. Distributions from these trusts are recorded as unrestricted revenue when received

Other significant accounting policies are set forth in the financial statements and the following notes

(2) LAND, BUILDING AND EOUIPMENT AND DEPRECIATION

Land, building and equipment are recorded at cost or fair value at date of receipt in the case of gifts or legacies. Depreciation of building and equipment is provided on a straight-line basis over the estimated useful lives of the assets. At March 31, 1979 and 1978, the recorded values of such assets were as follows.

	1979	1978
Land	\$100,500	\$100,500
Building	487.601	397,207
Equipment	394,768	319,458
	982,869	817 165
Less accumulated depreciation	241,956	224,389
	\$740,913	\$592,776

(3) PENSION PLANS

The Society has contributory annuity pension plans covering all employees including employees of the state affiliates who meet the minimum age requirement. Total pension expense under the plans aggregated \$52,202 and \$44,411 for the years ended March 31, 1979 and 1978, respectively. There are no unfunded prior service costs.

(4) LEASE COMMITMENTS

The Society and its affiliates occupy certain operating facilities under various lease arrangements. Total occupancy expense under such arrangements was \$198,000 for 1979.

A summary of noncancellable long-term lease commitments follows:

Year ending	
March 31	Amount
1980	\$113,672
1981	82,473
1982	73,443
1983	68,567
1984	69.367
1985-87	197,733

All leases expire prior to 1987. Real estate taxes, electricity, water and maintenance expenses are obligations of the Society. It is expected that in the normal course of business, leases that expire will be renewed or replaced by leases on other properties, thus, it is anticipated that future minimum lease commitments will not be less than the amounts shown for 1980

(5) ENDOWMENT LEGACY

The National Society is the beneficiary of a one-eighth share of the residuary value of a substantial estate, the principal of which is presently controlled by the Trustee This principal, as received is recorded as an endowment fund in accordance with the terms of the legacy, the income of which is unrestricted. As of March 31, 1979, the Society has received \$687,500 representing partial distributions of the Society's share of the residuary estate. The final amount of further distributions under this legacy is estimated to be approximately \$100,000.



National Society to Prevent Blindness

79 Madison Avenue, New York, NY 10016 212/684-3505

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Al DeRogatis

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